## 2012 Lobbyist Registration Form RSA Chapter 15



A lobbyist registration form reports the existence of a relationship between a single client and either a single lobbyist or a partnership, firm, or corporation with one or more partners, members, or employees who will be acting as lobbyists for that client. A lobbyist is a person employed in a representative capacity to promote or oppose, directly or indirectly, any legislation pending or proposed before the general court, or to promote or oppose, directly or indirectly, any action by the governor, governor and council, or any state agency, where such action concerns legislation or contracts pending or proposed before the general court, any pending administrative rule, or the procurement of goods or services that are being or may be purchased by the state. RSA 15:1: See also RSA 15:1, III (for a description of persons who fall within this definition but who are not required to register).

## **PLEASE PRINT:**

## I. Lobbyist(s) Registering

Last Name	First Name		Middle Name/I	nitial
(telephone)	()(fax)		(e-mail)	
(mailing address)		(city)	(state)	(zip code)
l occupation or primary field of bu	siness: (circle one or fill in): Lobbyist	Attorney	Other	
Last Name	First Name		Middle Name/I	nitial
(telephone)	(fax)		(e-mail)	
(mailing address)		(city)	(state)	(zip code)
l occupation or primary field of bu	siness: (circle one or fill in): Lobbyist	Attorney	Other	
Last Name	First Name		Middle Name/I	nitial
	First Name		Middle Name/I	nitial
Last Name)	First Name ()	(city)		
Last Name	First Name ()	(city) Attorney	(e-mail)	(zip code)
Last Name)(telephone)  (mailing address)  I occupation or primary field of bu	First Name  (fax)  (fax)  siness: (circle one or fill in): Lobbyist		(e-mail) (state) Other	(zip code
Last Name	First Name ()(fax)		(e-mail)	(zip code
Last Name)(telephone)  (mailing address)  I occupation or primary field of bu	First Name  (fax)  (fax)  siness: (circle one or fill in): Lobbyist		(e-mail) (state) Other	(zip code

(If more than four associated lobbyists are employed by this client, please use a second registration form to register the other lobbyists from the registering partnership, firm, or corporation who will be lobbying for this client. The additional forms should be attached to this page and submitted with this form to the Secretary of State.

Lobbyist's pa	rtnership, firm, or corporation name			
()				
1	(telephone) (fax)		(e-mail)	
	(mailing address)	(city)	(state)	(zip code)
If more than of for the difference	cter of Employment (circle one or fill in): one lobbyist is being registered for this single client and the ent lobbyists listed above, please attach a separate sheet pro- nerwise the information below will be applied to all lobbyi	viding this	information for e	ach lobbyist being
Lobbyist regis	strant 1:			
a.	Full-time/part-time employee of Client			
b.	Independent Contractor working directly for Client			
c. d.	Contract between Client and Lobbyist/Lobbyist's Firm Other:	1		
Lobbyist regis	strant 2:			
a.	Full-time/part-time employee of Client			
b.	Independent Contractor working directly for Client			
c. d.	Contract between Client and Lobbyist/Lobbyist's Firm Other:	1		
Lobbyist regis	strant 3:			
a.	Full-time/part-time employee of Client			
b.	Independent Contractor working directly for Client			
c. d.	Contract between Client and Lobbyist/Lobbyist's Firm Other:	1		
Lobbyist regis	strant 4:			
a.	Full-time/part-time employee of Client			
b.	Independent Contractor working directly for Client			
c.	Contract between Client and Lobbyist/Lobbyist's Firm	1		
d.	Other:	-		
IV. Duration Lobbyist regis	on of employment (circle one and fill in blanks): strant 1:			
a.	Ongoing full-time employee of Client			
b.	Representation period starts/, ends/_	_/		
Lobbyist regis	strant 2:			
a.	Ongoing full-time employee of Client			
h	Panrasantation period starts / / ands /	/		

Lobbyist registra a.	nt 3: Ongoing full-time employee of C	lient		
b.	Representation period starts/_			
Lobbyist registra a. b.		lient		
V. Client				
committee, or other	t is a corporation, a registered by ther legally recognized entity proving tentative of that client. Where the	ide both the name of the entity	y and the name of eith	ner the principal or a
Business, Corpor	ration, Organization, entity name			
Last Name	First N	iame N	Middle Name/Initial	
Usual Occupation	n or primary field of business:			
Provide business or principal/repre	address and contact information or esentative:	if none, residence address and	I contact information fo	or individual client
()(tele	phone)	(fax)	(e-mail)	
(mai	ling address)	(city)	(state)	(zip code)
VI. Subject				
Describe the subj	ects of legislative or executive bra	nch action to which the lobbying	ng relationship being re	ported relates:
List the name of a lobbying partners	lobbyists employed by the partn any person registered as a lobbyist ship, firm, or corporation which is nt being registered on this form. RS	on the date of this registration being registered on this form <b>w</b>	who is affiliated with o	or employed by the
1	e First Name	W.H. X		
			le/Initial	
Last Name		Middle Nam	ne/Initial	
Last Name	First Name	Middle Nam	 ne/Initial	<del></del>

Middle Name/Initial

First Name

Last Name

(If there are more than four, please attach a separate sheet listing any additional registered lobbyists who are affiliated with or employed by the registering lobbying entity but who will not be lobbying on behalf of the client being registered on this form.)

## VIII. Signatures of Registering Lobbyists

	or affirm that the foregoing information is true and complete to the
best of my knowledge and belief.	
1	
Signature	Date
	or affirm that the foregoing information is true and complete to the
best of my knowledge and belief.	
2	
Signature	Date
I have read RSA Chapter 15 and hereby swear of	or affirm that the foregoing information is true and complete to the
best of my knowledge and belief.	V2 4
Signature	
Signature	Date
	or affirm that the foregoing information is true and complete to the
best of my knowledge and belief.	
4	//
Signature	Date
Return to: Secretary of State's Office, State l	House Poom 204 Cancord N.H. 03301
Return to. Secretary of State's Office, State	House, Room 204, Concord, 18.11. 05501
Fee: \$50 for each lobbyist registering on this	is form.
FOR OFFICE USE ONLY:	
Registration Fee Paid:	Check No Amount